



Secretary of State  
Articles of Organization  
Limited Liability Company (LLC)

LLC-1

201820810082

**IMPORTANT — Read Instructions before completing this form.**

**Filing Fee** — \$70.00

**Copy Fees** — First page \$1.00; each attachment page \$0.50;  
Certification Fee — \$5.00

*Note:* LLCs may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov>.

**FILED** LIA  
Secretary of State  
State of California

JUL 23 2018 SMM

1 pc / 1 cc

This Space For Office Use Only

**1. Limited Liability Company Name** (See Instructions — Must contain an LLC ending such as LLC or L.L.C. "LLC" will be added, if not included.)

WIFE APPROVED, LLC

**2. Business Addresses**

|   |                                     |             |                   |
|---|-------------------------------------|-------------|-------------------|
| a. Initial Street Address of Designated Office in California - Do not enter a P.O. Box<br>21702 Evalyn Ave. | City (no abbreviations)<br>Torrance | State<br>CA | Zip Code<br>90503 |
| b. Initial Mailing Address of LLC, If different than Item 2a  | City (no abbreviations)             | State       | Zip Code          |

**3. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** — Complete Items 3a and 3b only. Must include agent's full name and California street address.

|  |                                     |                      |                   |
|--|-------------------------------------|----------------------|-------------------|
| a. California Agent's First Name (if agent is not a corporation)<br>JEFFREY                      | Middle Name                         | Last Name<br>WACHNER | Suffix            |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box<br>21702 Evalyn Ave. | City (no abbreviations)<br>Torrance | State<br>CA          | Zip Code<br>90503 |

**CORPORATION** — Complete Item 3c. Only include the name of the registered agent Corporation.

|   |
|---|
| c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 3a or 3b |
|---|

**4. Management** (Select only one box)

|                                      |   |  |
|--------------------------------------|---|--|
| The LLC will be managed by:          |   |  |
| <input type="checkbox"/> One Manager | <input checked="" type="checkbox"/> More than One Manager | <input type="checkbox"/> All LLC Member(s) |

**5. Purpose Statement** (Do not alter Purpose Statement)

|  |
|--|
| The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act. |
|--|

**6. The Information contained herein, including in any attachments, is true and correct.**

Jeffrey Wachner  
Organizer sign here

JEFFREY WACHNER

Print your name here